

Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

Event: \_\_\_\_\_ Event Date: \_\_\_\_\_

Guest Speaker (if applicable): \_\_\_\_\_

Operational Item Description	Estimated Cost
<b>Total Operational Cost</b>	

Morale Item Description	Estimated Cost
<b>Total Morale Cost</b>	

Total Amount Requested \_\_\_\_\_

AADWG Goal: (Specify the AADWG goal that links to this event.)

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AADWG Treasurer Approval: \_\_\_\_\_ Date: \_\_\_\_\_

AADWG Chairman Approval: \_\_\_\_\_ Date: \_\_\_\_\_

DVO Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Requestor Instructions:*** Please complete the above form and send the original to Jocelyn Y. Buckley, ATTN: AADWG Treasurer at MS-J596, eight weeks prior to the event.

**DVO Instructions:** Please return the signed copy to Jocelyn Y. Buckley, ATTN: AADWG Treasurer at MS-J596, one month prior to the event.

*DVO Internal Use Only*

*Cost Account Number:*